

GALWAY PRESERVATION SOCIETY MEMBERSHIP FORM

New Member or Renewal (choose one only)

NAME(S) _____

HOUSEHOLD INFORMATION

If renewing, check box if no changes. Otherwise, enter below:

ADDRESS _____

CITY, STATE, ZIP _____

PHONE _____

E-MAIL _____

NEWSLETTER PREFERENCE

E-mail or US mail (choose one only)

DUES PAYMENT (annual cost per household is \$10.00)

TODAY'S DATE _____

Cash or Check (payable to Galway Preservation Society)

Renew in person at any member meeting, or mail to:
Galway Preservation Society, P.O. Box 276, Galway NY 12074

Thank you for your support!